·									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 /0.77/74										077/	7	42	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									. EN	ITITY	OR	OTHER SMALL	
TC	TAL CLAIMS		Q2					RATE FEE		1	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			82 minus 20=		. 62			xs 9= 558		558	OR	, XS18=	
INDEPENDENT CLAIMS			/o minus 3 =		. 7			X43= 30			OR	X86=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+145=			OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	-	1244	OR	TOTAL	
4.29.05 CLAIMS AS AMENDED - PART II												OTHER	
14	67.05	(Column 1) · CLAIMS		(Colum		(Column 3)	s 	SMALL			OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 82	Minus	*				X\$ 9=			OR	X\$18=	
	Independent	• / O	Minus	ENDENT	CLAIM	-	X43				OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			OR	+290=	
								TOT.			OR	TOTAL ADDIT, FEE	
		(Column 1).		(Colur		(Column 3)							
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	##		t:		X\$ 9:			OR	X\$18=	
	Independent	•	Minus	***		<u> </u>		X43=			OR	X86=	
L	FIRST PRESE	NTATION OF MU	JULIPUE DEF	ENDENT	CLAIM		J	+145=			OR	+290=	
									AL			TOTAL	•
		. 4	ODIT. F	EE L		,	ADDIT. FEE	· ·					
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		ŖATE	ADDI- TIONAL FEE
	Total	•	Minus	44		=		X\$ 9=	T		OR	X\$18=	
	Independent	٠	Minus	*** .		=]	X43=	+			X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR	.,.00-	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
٠ ١	** If the "Highest Number Previously Paid For". IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL DDIT, FEE	
		ber Previously Paid					our	nd in the a	appro	opriale box	in cok	unin 1	
F 284	PTO-875 Rev 10	103:					Pater	of acut Teac	dema	th Office ** S	S DEP	BTHENT OF	COMMERCE